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To:	Company:	Fax Number:	Tel Number:
Examiner:	U.S. Patent and Trademark Office	571 - 273 - 8300	
Johannes P. Mondt		Art Unit 3663	

From: Dariush G. Adli

Date: November 16, 2006

Time:

Total number of pages incl. cover page:

13

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Client number: 88519.0001

Attorney billing number: 5214

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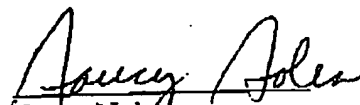
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MESSAGE:

Patent Application No.: 10/748,734; Our Ref. 88519.0001

I hereby certify that the following documents:

- ☒ Amendment Transmittal.
☒ Amendment.

November 16, 2006
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Nancy Nolen

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

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VLA - 088519/000001 - 329345 v1

FORM PTO-1083
Appl. No. 10/748,734

PATENT
Attorney Docket No. 88519.0001
Customer No. 28021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Ken NAKAHARA

Serial No.: 10/748,734

Filed: December 30, 2003

For: TRANSPARENT ELECTRODE

Art Unit: 3663

Examiner: Mondt, Johannes P.

Confirmation No.: 7543

I hereby certify that this correspondence
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(571) 273-8300:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

November 16, 2006

Date of Deposit

Nancy Nolen

Name

Signature

11/16/06
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	14	-	14 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5 ***	0	LG=\$200 SM=\$100	\$200	\$ 0.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
Independent Claims: 1, 4, 5, 13, 14					TOTAL		\$ 0.

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.


*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$0 to cover the additional claim fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$0 for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: November 16, 2006

1999 Avenue of the Stars, Suite 1400
Los Angeles, California 90067
Telephone: 310-785-4600
Facsimile: 310-785-4601

By: 
Dariush G. Adli
Registration No. 51,386
Attorneys for Applicants

FORM PTO-1083
Appl. No. 10/748,734

PATENT
Attorney Docket No. 88519.0001
Customer No. 26021

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Art Unit: 3663
Examiner: Mondt, Johannes P.
Confirmation No.: 7543

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
November 16, 2006
Date of Deposit
Nancy Nolan
Name
Nancy Nolan
Signature
11/16/06
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement.

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The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	14	-	14	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5	0	LG=\$200 SM=\$100	\$200	\$ 0.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
Independent Claims: 1, 4, 5, 13, 14					TOTAL		\$ 0.

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
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Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: November 16, 2006

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Los Angeles, California 90067
Telephone: 310-785-4600
Facsimile: 310-785-4601

By *Darius G. Adli*
Darius G. Adli
Registration No. 51,386
Attorneys for Applicants

Appl. No. 10/748,734
Amdt. Dated November 16, 2006
Reply to Office Action of August 16, 2006

Attorney Docket No. 88519.0001
Customer No. 26021

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Serial No.: 10/748,734

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For: TRANSPARENT ELECTRODE

Art Unit: 3663

Examiner: Johannes P. Mondt

AMENDMENT

Mail Stop Amendment
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Alexandria, VA 22313-1450

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Alexandria, VA 22313-1450, on
November 16, 2006
Date of Deposit
Nappy Nolen
Name
Nappy Nolen 11/16/06
Signature Date

Dear Sir:

In response to the Office Action dated August 16, 2006, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.